

# EXHIBIT C

## FORM B10 (Official Form 10)(NEW)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA

|   |   |   |                                  |
|---|---|---|----------------------------------|
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE COMPANY</b>  |   | Case Number<br><b>06-10725-LBR</b>  | This Space Is For Court Use Only |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>RUTH ACOSTA t/a<br/>LIBERTY RESOURCE MANAGEMENT</b>   |   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars<br><input type="checkbox"/> Check box if you have never received any notices from the Bankruptcy Court in this case<br><input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the Court   |                                  |
| Name and address where notices should be sent<br><br><b>Ruth Acosta</b><br><del>P.O. Box 7069</del><br><del>Audubon, PA 19407</del><br><b>2546 General Armistead Ave.</b><br><b>Norristown, PA 19403</b>  |   | Telephone number (610) 631-9934   |                                  |
| Account or other number by which creditor identifies debtor   |   | Check here if this claim<br><input type="checkbox"/> replaces if this claim <input checked="" type="checkbox"/> previously filed claim, dated <b>11/10/06</b><br><input checked="" type="checkbox"/> amends   |                                  |
| 1 Basis for Claim<br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> 13 Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other – <b>Unremitted Principal</b>   |   | <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Your SS # _____<br>Unpaid compensation for services performed from _____ to _____<br>(date) (date)   |                                  |
| 2 Date debt was incurred <b>Unknown</b>   |   | 3 If court judgment, date obtained  |                                  |
| 4 Total Amount of Claim at Time Case Filed <b>\$2,718.99</b>  |   |   |                                  |
| If all or part of your claim is secured or entitled to priority also complete item 5 or 6 below<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges   |   |   |                                  |
| 5 Secured Claim.<br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)<br>Brief Description of Collateral<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle<br><input type="checkbox"/> Other –<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ |   | 6 Unsecured Priority Claim.<br><input type="checkbox"/> Check this box if you have an unsecured priority claim<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$4 925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 USC § 507(a)(3)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4)<br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(6)<br><input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 USC § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental unit 11 USC § 507(a)(8)<br><input type="checkbox"/> Other Specify applicable sub-paragraph of 11 USC § 507(a)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment |                                  |
| 7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |   | This Space Is For Court Use Only  |                                  |
| 8 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS<br>If the documents are not available, explain If the documents are voluminous, attach a summary                                    |   |   |                                  |
| 9 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim  |   |   |                                  |
| Date<br><b>3-12-07</b>  | Sign and print the name and title, if any, of the creditor or other person authorized to file<br><b>Ruth Acosta</b><br><b>General Partner</b> |   |                                  |
| Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 USC §§ 152 and 3571  |   |   |                                  |

FILED APR 10 2007



FORM B10 (Official Form 10) (10/05)

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF Nevada  |  | PROOF OF CLAIM                   |
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE CO</b>  |  | Case Number<br><b>06-10725-LBR</b>  |  |                                  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.   |  |   |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>AIG LIMITED, A NEVADA LIMITED</b>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |  | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent, <b>PARTNERSHIP</b><br><b>9904 VILLA GRANITO LANE</b><br><b>GRANITE BAY, CA 95746-6481</b>   |  | Telephone number  |  |                                  |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____   |  |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <b>SEE EXHIBIT A</b>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |  |                                  |
| <b>2 Date debt was incurred</b> <b>1/1/05</b>  |  | <b>3. If court judgment, date obtained</b>  |  |                                  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   |  |   |  |                                  |
| <b>Unsecured Nonpriority Claim</b> \$ _____<br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.   |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <b>UNKNOWN</b><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <b>LINE 2 OF EXHIBIT A</b>                            |  |                                  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 USC § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 USC § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |                                  |
| <b>5 Total Amount of Claim at Time Case Filed</b>  |  | <b>\$LN 4 EX A LN 4 EX A LN 4 EX A</b><br>(unsecured) (secured) (priority) (Total)  |  |                                  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |   |  |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |   |  | THIS SPACE IS FOR COURT USE ONLY |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |   |  |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |   |  |                                  |
| Date<br><b>1/8/2007</b>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><b>Donald R. Oliver, President, CNA Corporation</b><br><b>General Partner of AIG Limited</b> |   |  |                                  |


Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U

USA CMC




1072501903

FILED JAN 09 2007

| <b>PROOF OF CLAIM</b>  |   |
|--|---|
| <b>Name of Debtor</b><br><u>USA Commercial Mortgage Co.</u>  | <b>Case Number</b><br><u>BK-S-06-10725</u><br><u>LBR</u>  |
| <small>NOTE See Reverse for List of Debtors and Case Numbers<br/>           This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</small>   |   |
| <b>Name of Creditor and Address</b><br><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">             11321241000105           </div> <u>ARTHUR E KEBBLE &amp; THELMA M KEBBLE FAMILY TRUST DATED 5/19/95</u><br><u>C/O ARTHUR E KEBBLE &amp; THELMA M KEBBLE TRUSTEES</u><br><u>9512 SALEM HILLS CT</u><br><u>LAS VEGAS NV 89134-7883</u>   | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br/><br/> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br/><br/> <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.             </div> <div style="width: 50%;"> <p><b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b></p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.</p> <p style="text-align: center;"><b>THIS SPACE IS FOR COURT USE ONLY</b></p> </div> </div>  |
| <b>Creditor Telephone Number</b> <u>(702) 242-4129</u><br><b>Last four digits of account or other number by which creditor identifies debtor</b><br><u># 1683</u>  | <div style="display: flex; align-items: center;"> <input type="checkbox"/> Check here if this claim             <div style="margin: 0 10px;"> <input type="checkbox"/> replaces<br/>or<br/><input type="checkbox"/> amends             </div>             a previously filed claim dated _____           </div>   |
| <b>1 BASIS FOR CLAIM</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold<br/> <input type="checkbox"/> Services performed<br/> <input checked="" type="checkbox"/> Money loaned <u>ONISTTD.</u> </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death<br/> <input type="checkbox"/> Taxes<br/> <input checked="" type="checkbox"/> Other (describe briefly) <u>INTEREST DUE</u> <u>#1-10</u> </div> </div>   |   |
| <b>2 DATE DEBT WAS INCURRED</b> <u>VARIOUS-SEE #7</u>  |   |
| <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____  |   |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br><small>See reverse side for important explanations</small>  |   |
| <b>UNSECURED NONPRIORITY CLAIM \$</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.<br><br><b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim _____<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) | <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral <u>1ST TRUST DEED ON PROPERTY</u><br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral <u>\$ 281,120.90</u><br><u>+ \$ 32,646.71</u> = <u>\$ 313,767.61</u><br>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.<br>Amount of arrearage and other charges <u>INTEREST</u> included in secured claim, if any \$ <u>32,646.71</u><br><input type="checkbox"/> Up to \$225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____) |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ (unsecured) \$ <u>313,767.61</u> (secured) <u>+ INTEREST 10,292.54</u> <u>+ HELD BACK 3,563.82</u> (Total) <u>\$ 327,563.97</u><br><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |   |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |   |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |   |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.  |   |
| <b>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</b><br><b>BY MAIL TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911  | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><div style="text-align: center; font-size: 2em; font-weight: bold;">FILED NOV 10 2006</div> <div style="text-align: center; margin-top: 10px;"> <br/> <small>USA CMC 1072501177</small> </div>   |
| <b>DATE</b><br><u>11/3/06</u>  | <b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><u>ARTHUR E. KEBBLE</u><br><u>TRUSTEE</u>  |



## FORM B10 (Official Form 10) (10/05)

|   |   |  |   |
|---|---|--|---|
| UNITED STATES BANKRUPTCY COURT  |   | DISTRICT OF <u>Nevada</u>  | PROOF OF CLAIM  |
| Name of Debtor <u>USA Commercial Mortgage Company</u>   |   | Case Number <u>BK-S-06-10725 LBR</u>   |   |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   |  |   |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Augustine Tuffarelli Trustee of the Augustine Tuffarelli Family Trust</u>  |   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.  |   |
| Name and address where notices should be sent<br><u>Thomas R. Brookbank, Esq.<br/>689 Serra Rose Drive Ste A-2<br/>Reno NV 89511</u>  |   | Telephone number <u>775-329-5230</u>   | THIS SPACE IS FOR COURT USE ONLY  |
| Last four digits of account or other number by which creditor identifies debtor   |   | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____  |   |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>Money Invested</u>   |   | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |   |
| <b>2 Date debt was incurred</b> <u>06-15-2004</u>   |   | <b>3. If court judgment, date obtained</b>   |   |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |   |  |   |
| <b>Unsecured Nonpriority Claim</b> \$ _____<br><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.  |   | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral <u>5 NOTES &amp; DEEDS OF TRUST</u><br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____   |   |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |   | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |   |
| <b>5 Total Amount of Claim at Time Case Filed</b>   |   | \$ _____ <u>250,000</u> <u>250,000.00</u><br>(unsecured) (secured) (priority) (Total)  |   |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |   |  |   |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |   | THIS SPACE IS FOR COURT USE ONLY   |   |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |   |  |   |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |   |  |   |
| Date<br><u>8-6-6</u>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br><u>[Signature]</u> |  | Filed date<br><u>8/6/06</u><br><br>USA CMC<br><br>1072500089 |

| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA   |   | PROOF OF CLAIM  |  |
|--|---|---|--|
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE COMPANY</b>   |   | Case Number<br><b>06-10725 LBR</b>  |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.                   |  |
| Name of Creditor and Address<br><b>AYLENE GERINGER AND MARK ZIPKIN<br/>4321 CHERRY HILLS LN<br/>TARZANA CA 91356-5406</b>  |   | <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><b>THIS SPACE IS FOR COURT USE ONLY</b>  |  |
| Creditor Telephone Number <b>(818) 343-1311</b>  |   | Last four digits of account or other number by which creditor identifies debtor<br><b>7511</b>  |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold<br><input checked="" type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input type="checkbox"/> Other (describe briefly):  |   | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from <b>1/6/06</b> to <b>PRESENT</b> (date) (date)<br><input type="checkbox"/> Unremitted principal<br><input checked="" type="checkbox"/> Other claims against servicer (not for loan balances) |  |
| <b>2 DATE DEBT WAS INCURRED</b> <b>1/6/06</b>  |   | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>   |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.<br><b>UNSECURED NONPRIORITY CLAIM \$ 20,425.79</b><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. <i>See attached below</i><br><b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)<br><b>SECURED CLAIM</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____<br><input type="checkbox"/> Up to \$225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____).<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |   |   |  |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> <b>\$ 20,425.79</b><br><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. <i>(unsecured) @ 5% of (secured) loan amounts (priority) interest due (See attached explanation)</i>  |   |   |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |   |   |  |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |   |   |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |   |   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units).<br>BY MAIL TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911   |   | THIS SPACE FOR COURT USE ONLY<br><b>FILED DEC 08 2006</b><br>BY HAND OR OVERNIGHT DELIVERY TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245   |  |
| DATE<br><b>12/7/06</b>   | SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><b>Aylene Geringer M Zipkin</b> |   |  |

|   |   |  |  |
|---|---|--|--|
| <b>UNITED STATES BANKRUPTCY COURT<br/>DISTRICT OF NEVADA</b>  |   | <b>PROOF OF CLAIM</b>  |  |
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE CO</b>   |   | Case Number<br><b>06-10725-LAR</b>   |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><input checked="" type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. |  |
| Name of Creditor and Address<br><br><b>CLAWITER ASSOCIATES LLC<br/>1620 COLCHESTER ST<br/>DANVILLE, CA 94506</b>  |   | <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b><br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |
| Creditor Telephone Number <b>(925) 736-7153</b><br>Last four digits of account or other number by which creditor identifies debtor<br><b>3176</b>   |   |  |  |
| Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____.   |   |  |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes<br><input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____<br><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date) |   |  |  |
| <b>2 DATE DEBT WAS INCURRED</b>   |   | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>  |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |   |  |  |
| <b>UNSECURED NONPRIORITY CLAIM</b> \$ _____<br><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.  |   | <b>SECURED CLAIM</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____            |  |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim: _____<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)   |   | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)   |  |
| *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.   |   |  |  |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b><br>(unsecured)      (secured)      (priority)      (Total)<br>\$ <b>28,805</b> \$ <b>225,000</b> \$ _____      \$ <b>253,805</b><br><i>SEE ATTACHED SHEETS</i>  |   |  |  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |   |  |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |   |  |  |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |   |  |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |   |  |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br>BY MAIL TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911  |   |  | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><b>FILED NOV 14 2006</b> |
| BY HAND OR OVERNIGHT DELIVERY TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245  |   |  |  |
| DATE<br><b>11/10/06</b>   | SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)<br><b>Thomas D. Newell</b> |  |  |






## FORM B10 (Official Form 10) (10/05)

|  |  |   |                |
|--|--|---|----------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF <u>Nevada</u>   | PROOF OF CLAIM |
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>   |  | Case Number<br><b>06-10725-LBR</b>  |                |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |   |                |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Larry R. Colborn &amp; Loretta A. Colborn Trustees for the Colborn Revocable Living Trust dated 8/6/90</b>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |                |
| Name and address where notices should be sent<br><b>Larry &amp; Loretta Colborn<br/>1127 Broken Wagon Trail<br/>Dewey, AZ 86327<br/>Telephone number (928) 775-2906</b>  |  | THIS SPACE IS FOR COURT USE ONLY  |                |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here <input checked="" type="checkbox"/> replaces<br>if this claim amends a previously filed claim dated <b>12/12/06</b>  |                |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <b>see Exhibit A</b><br><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)   |  |   |                |
| <b>2. Date debt was incurred</b> <b>03/26/04</b>   |  | <b>3. If court judgment, date obtained</b>  |                |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.<br><b>Unsecured Nonpriority Claim \$244,204.06</b><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.<br><b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)<br><b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral <b>\$ unknown</b><br>Amount of arrearage and other charges at time case filed included in secured claim if any <b>\$ 3,695.01</b><br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |   |                |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><b>\$244,204.06 (unsecured) \$244,204.06 (secured) \$244,204.06 (Total)</b><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |   |                |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.<br><b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.<br><b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  | THIS SPACE IS FOR COURT USE ONLY<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">FILED JAN 12 2007</div>   |                |
| Date <b>1/10/07</b>  |  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)<br><b>Larry &amp; Loretta Colborn Trustees</b>   |                |








*Penalty for presenting fraudulent claim* Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571

|   |  |   |  |
|---|--|---|--|
| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA  |  | <b>PROOF OF CLAIM</b>   |  |
| Name of Debtor<br><b>USA Commercial Mort. Co.</b>   |  | Case Number<br><b>06-10725-LBR</b>  |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. |  |
| Name of Creditor and Address<br> 11321241000369<br>CYNTHIA G DAVIS LIVING TRUST<br>C/O CYNTHIA G DAVIS TRUSTEE<br>2465 TELLURIDE DR<br>RENO NV 89511-9155  |  |   |  |
| Creditor Telephone Number <b>(775) 851-2465</b>   |  | <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b><br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b>  |  |
| Last four digits of account or other number by which creditor identifies debtor   |  |   |  |
| Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____   |  |   |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)<br><input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <u>See Exhibit A</u> Last four digits of your SS # _____      Unpaid compensation for services performed from _____ to _____ (date) (date)   |  |   |  |
| <b>2 DATE DEBT WAS INCURRED</b> <u>01/07/05</u>   |  | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>   |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><b>UNSECURED NONPRIORITY CLAIM</b> \$ <u>101,493.06</u><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.<br><b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim: _____<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)<br><input type="checkbox"/> Up to \$225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other: Specify applicable paragraph of 11 U.S.C. § 507(a) (____)<br>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |   |  |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <u>101,493.06</u> (unsecured) \$ <u>101,493.06</u> (secured) \$ _____ (priority) \$ <u>101,493.06</u> (Total)<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |   |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.<br><b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.<br><b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br>BY MAIL TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911  |  | THIS SPACE FOR COURT USE ONLY<br><br>BY HAND OR OVERNIGHT DELIVERY TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245   |  |
| DATE<br><u>1/8/07</u>   | SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br><u>Cynthia G Davis, Trustee</u> |   |  |

FILED JAN 10 2007

FILED JAN 10 2007



|   |  |   |  |   |                                      |
|---|--|---|--|---|--------------------------------------|
| <b>UNITED STATES BANKRUPTCY COURT</b><br><b>DISTRICT OF NEVADA</b>  |  | <b>PROOF OF CLAIM</b>   |  | <br><b>YOUR CLAIM IS SCHEDULED AS</b>   |                                      |
| <b>Name of Debtor</b><br><b>USA Commercial Mortgage Company</b>   |  | <b>Case Number</b><br><b>06-10725-LBR</b>   |  | Schedule/Claim ID    s30950<br>Amount/Classification<br>\$3 304 34 Unsecured  |                                      |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.   |                                      |
| <b>Name of Creditor and Address</b><br> 11321240000276<br>DALTON TRUST DATED 1/7/94<br>C/O BERT A STEVENSON TRUSTEE<br>500 N ESTRELLA PKWY STE B2 405<br>GOODYEAR, AZ 85338 4135   |  |   |  | The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.<br><br><b>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.</b><br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. |                                      |
| <b>Creditor Telephone Number</b> (702) 499-7187   |  |   |  | <b>THIS SPACE IS FOR COURT USE ONLY</b>   |                                      |
| <b>Last four digits of account or other number by which creditor identifies debtor</b><br># 4202  |  |   |  | Check here <input type="checkbox"/> replaces a previously filed claim dated _____<br>if this claim <input type="checkbox"/> or amends   |                                      |
| <b>1 BASIS FOR CLAIM</b>  |  |   |  |   |                                      |
| <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)<br><input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date) |  |   |  |   |                                      |
| <b>2 DATE DEBT WAS INCURRED</b> <u>SEE ATTACHED</u> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>   |  |   |  |   |                                      |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |  |   |  |   |                                      |
| <b>UNSECURED NONPRIORITY CLAIM</b> \$ <u>UNKNOWN SEE ATTACHED</u><br><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.  |  |   |  |   |                                      |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:  |  |   |  |   |                                      |
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)   |  |   |  |   |                                      |
| <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>UNKNOWN</u><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>UNKNOWN BASIC INTEREST</u>  |  |   |  |   |                                      |
| <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____)<br>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.   |  |   |  |   |                                      |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <u>UNKNOWN</u> (unsecured)    \$ <u>UNKNOWN</u> (secured)    \$ _____ (priority)    \$ <u>UNKNOWN</u> (Total)  |  |   |  |   |                                      |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |   |  |   |                                      |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  |   |  |   |                                      |
| <b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |   |  |   |                                      |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |   |  |   |                                      |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br><b>BY MAIL TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245 0911   |  |   |  |   | <b>THIS SPACE FOR COURT USE ONLY</b> |
| <b>BY HAND OR OVERNIGHT DELIVERY TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245   |  |   |  |   | <b>FILED JAN 08 2007</b>             |
| <b>DATE</b><br>12/29/06   |  | <b>SIGN</b> and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br>BERT A STEVENSON, Trustee |  |   |                                      |
| USA CMC<br><br>1072501892  |  |   |  |   |                                      |